

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002253

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JAN 23 1962

1. PLACE OF DEATH

a. COUNTY

Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)

Joplin

Length of stay in 1b

43 years

c. CITY

OR

Joplin

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

328 Highland

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

328 Highland

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Ame

Middle

W.

Last

Duan

4. DATE

OF

DEATH

Month

January

Day

14

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-12-1871

9. AGE (last birthday)

90

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

School teacher

10b. KIND OF BUSINESS OR INDUSTRY

School

11. BIRTHPLACE (City and state or country)

Carthage, Illinois

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Ame Duan

13b. MOTHER'S MAIDEN NAME

Martha Jane Means

14. NAME OF HUSBAND OR WIFE

Lula Duan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Lula Duan, Joplin, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

several

INTERVAL BETWEEN ONSET AND DEATH

weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Polycystic degeneration bi-lateral

years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Abscess Cul-de-sac--ruptured Sigmoid Divert.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-9-62

to 1-14-1962

and last saw him alive on 1-9-62

Death occurred at

2:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

E.O. Martin, D.O.

22b. ADDRESS

908 E. 7th St. Joplin Mo

22c. DATE SIGNED

1-14-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1-16-1962

23c. NAME OF CEMETERY OR CREMATORY

Ozark Memorial Park

23d. LOCATION (City, town, or county)

Joplin

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Mason Chapel, 108 Range Line, Joplin, Mo.

25. DATE RECD. BY LOCAL REG.

1-16-1962

26. REGISTRAR'S SIGNATURE

Dove Murrian

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lee Mason

Licensed Embalmer No. 4568

P. O. Address Joplin, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.